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CORONAVIRUS

Why the CDC's New Mask Guideline Proposal May Actually Imperil

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Katie MacBride
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In March 2020, as lockdowns gripped the world and the COVID-19 pandemic was officially in full swing, Lisa Brosseau, a national expert on respiratory protection and infectious diseases at the Center for Infectious Disease

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other experts who would soon follow—thought the SARS-CoV-2 virus that causes COVID-19 could be transmitted via aerosols: tiny particles emitted when an infected person talks, sings, or breathes.

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sneezing and coughing, and can travel further in the air than bigger droplets can. Viral transmission can occur when a non-infected person inhales these small aerosolized particles, and research would soon show aerosols are a primary means of SARS-CoV-2 transmission.

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through droplets and fomites (touching something an infected person touched).

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This debate wasn't simply academic or semantic; it had—and has—very real consequences for how people protect themselves and others from contracting the virus. Good ventilation is critical, as Brosseau told

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year and a half and the CDC two years to fully acknowledge the reality of aerosol transmission of SARS-CoV-2, including that well-fitting respirators approved by

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Here's What Medicine Keeps Getting Wrong About Long COVID

'THE WALKING WOUNDED'

Maddie Bender

But aerosol and

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guidelines for infection control in health-care settings—standards that were last updated in 2007. According to Brosseau, these guidelines are typically

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HICPAC will meet in August and may vote on proposed updated guidelines for infection control—and it may end up exacerbating concerns rather than assuaging them. An informational slide deck outlining the committee's proposed updated guidelines, obtained and reviewed by The Daily Beast, makes

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between respirators like N95s and surgical masks.

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If accepted, the guidelines could enshrine unsafe practices for health-care workers at a time when the industry is already suffering from critical staffing shortages.

In the section discussing pathogen transmission, there is only a cursory mention of aerosols and

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end of the slide deck, in which the studies cited by HICPAC as supporting evidence of its conclusions do not appear to be as robust and persuasive as many public health experts

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“If a virus is aerosol

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wear a fit-tested N95 [than a surgical mask].

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surprised if anyone would argue with that statement."

— Robert Harrison, UCSF

Dr. Robert Harrison, an occupational medicine

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of "clear science."

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Citing 13 different studies of laboratory-confirmed viral respiratory infections, a summary chart at the end of the presentation concludes there is “no difference between surgical masks and N95s in preventing respiratory infections.”

This determination

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“If a virus is aerosol transmissible, there’s no question that it’s better to wear a fit-tested N95 [than a surgical mask]. There’s just no question. I would be surprised if anyone would argue with

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declined to answer questions about the new guidelines proposal; and instead referred The Daily Beast to CDC press officer Martha Sharan, who provided The Daily Beast with a statement that reads in part: “This Guideline incorporates the most recent evidence that describes how germs are spread in healthcare

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respirators.” The CDC did not comment on the conclusions HICPAC has made about the efficacy of surgical masks compared to N95 respirators.

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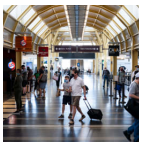
CDC Says Again That, Really, You Oughta Wear a Mask



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retrospective and at risk of recall bias—systemic errors resulting from participants' inaccurate or incomplete recollections—and that two of the studies have

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studies cited for supporting evidence, the authors "either did not report on [mask or respirator] compliance or did not report compliance measured objectively." In some cases, the protocol for fit testing an N95—the process by which clinicians ensure there are no gaps around the

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health-care workers were only told to wear masks or respirators when they thought they might be exposed to a pathogen.

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“We know that if people only wear them when they think they might be exposed, there’s a high likelihood they’ll be exposed at another time,” she said.

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[masks] when they think they might be exposed,

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exposed at another time."

— Lisa Brosseau

One 2022 study cited in the Evidence Review investigated the safety of health-care workers who wore surgical masks

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surgical masks despite them being less effective than respirators. The Public Health Agency of Canada eventually determined that health-care workers could choose which to wear.

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participate and wear surgical masks instead of respirators, and had to look abroad to places like Egypt, Israel, and Pakistan—"countries with really different medical health-care systems," she said.

"These are just really badly designed and executed studies," she

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In a remarkable footnote

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confounded the studies' results, "it is not expected that the addition of new evidence will alter these findings."

The CDC's own published data supports the use of N95 respirators over surgical masks. Real-world data taken between February and December of 2021 found

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How Unmasked Staff Blew Up a Long COVID Study at Stanford

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on the subject, saying on its website that surgical masks may help with source control (preventing an infected person from spreading SARS-CoV-2), but they don't provide personal protection against inhalation of SARS-CoV-2.

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For Brosseau, it's simply mind-boggling to suggest that surgical masks provide comparable protection to a fit-tested respirator against

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other industry, I'd be run out on a rail if I suggested a surgical mask for exposure to a hazardous aerosol. So why [does HICPAC] think this is a good idea?"

Two Steps Forward, Three Steps Back

Peg Seminario was the director of occupational

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sick and dying from SARS-CoV-2; they're still getting long COVID," Seminario said, adding that health-care workers are still significantly more at risk of contracting the virus than the average person.

Despite that, said Seminario, HICPAC's proposed guidelines are

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workers exposed to suspected and confirmed patients."

"We're talking about

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> *suspected and confirmed patients.”*
>
> — Peg Seminario

Seminario was particularly appalled to see the slide deck mentioned almost

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multiple layers of interventions (*e.g.*, PPE, rooming, ventilation, disinfection) to reduce the risk of transmission.” Yet there is nothing about ventilation in the evidence review.

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Brosseau said the lack of discussion about ventilation is one of the things “that makes me think that they’re trying to turn everything into a

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Brosseau and Seminario said the lack of focus on worker safety indicates a larger problem in health care of putting profit over safety.

According to Seminario,

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respirators. That takes time and money. So if they can say, ‘Oh, a surgical mask is just as good,’ they can get around those expenses.” Upgrading ventilation systems is exponentially more costly as well.

This Mask Tells You If You've

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Amber Mitchell, an infectious disease and occupational health specialist and president of the nonprofit International Safety

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Health Administration (OSHA) that oversees workplace safety standards in the U.S. OSHA "doesn't have 'guidelines'—they have enforceable standards," said Mitchell. For

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Standard, which includes fit testing for respirators like N95s.

OSHA has “always been at odds with CDC and HICPAC over the years on occupational infection prevention,” said Mitchell. According to Seminario, HICPAC and the CDC “don’t like OSHA making requirements for

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cover to take the quicker and cheaper option—with significant implications for hospital workers.

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It's just outrageous. It's a federal advisory committee.""

— Peg Seminario

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"When hospitals are seeking accreditation, the joint commission is looking for them to have followed guidelines,

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will be in trouble."

With such profound implications for health care and health-care workers, all four public health experts who spoke to The Daily Beast said HICPAC's refusal to include a broad range of stakeholders, including the public, in the discussion around

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bare bones. They have no transcripts. No presenters. There's nothing. It's just outrageous. It's a federal advisory committee."

The solution, Brosseau

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a comment period. Instead of having three minutes of public questions at the end, here should be “something like a docket, where they have to be responsive to the comments they receive,” she said.

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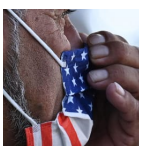
Told You So—It Was Way Too Soon to Lift COVID Mask Mandates



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emphasized the need to bring in feedback from frontline healthcare workers and their representatives. “I have always found that getting feedback from the impacted worker communities is critical to formulating the best recommendations and policies,” he said.

The CDC statement to The

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experts who spoke to The Daily Beast.

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“The decisions some of these public health people are making

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getting worse.”

— Lisa Brosseau

There is still time to open this process up, Harrison said. “Right now, we’re

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drastically affect health-care workers, and may further erode the public's trust in public health organizations—which already took a big hit after the slow and inconsistent acknowledgment of aerosol transmission of SARS-CoV-2.

For Brosseau, the risk of

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going backward. They're going to be shocked."

"The decisions some of these public health people are making are not getting bett

said. "They're g

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